

No. 2
5-43
5-17-39
336671

FILED APR 13 1944
318

1003

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County..... St. Louis, Mo.

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1128 Madison
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James Lane

3. (b) If veteran, name war.....

3. (c) SOCIAL SECURITY No. 527-10-9800

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Clare

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased MAY 15 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

26	10	20	
----	----	----	--

hr. min.

9. Birthplace Frig Co KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Atlas Tool Co

MOTHER, FATHER {

12. Name Starne Lane

13. Birthplace Kentucky 1 (State or foreign country)

14. Maiden name Mary Lane

15. Birthplace Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Clare Lane

(b) Address 1128 Madison St.

17. (a) Removal (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muttama, Kentucky

18. (a) Signature of funeral director Central Burial Co

(b) Address 1841 Chestnut

19. (a) APR 5 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1944 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from April 1st
....., 1944, to..... April 4th....., 1944
that I last saw h. im alive on April 4th....., 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cor pulmonale

Due to.....

Bronchial asthma

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... Hypertrophy of heart
emphysema

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature 1515 Lafayette (M.D./P.H./N.P.)
Address Franklin Date signed 4/4/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Agonacki
.....
Licensed Embalmer No. *3398*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.